

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury VT 05671-2060
<http://www.dlp.vermont.gov>
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

March 3, 2016

Mr. David Silver, Manager
Newport Residential Care Center
148 Prouty Drive
Newport, VT 05855-9821

Dear Mr. Silver:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on February 3, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PRINTED: 02/12/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2016
NAME OF PROVIDER OR SUPPLIER NEWPORT RESIDENTIAL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 148 PROUTY DRIVE NEWPORT, VT 05855		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 2/3/16. The following regulatory violations were cited.	R100		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that 3 of 5 staff sampled,	R179		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

EXWB11

If continuation sheet 1 of 3

R179 - R180 PDC's accepted 3/3/16 JHamer/RN/PML

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R179	Continued From page 1 who are expected to perform direct care to residents, participated in at least 12 hours of competency training in the past year. Findings are: 1. During review of training records provided by the Director of Nursing on 2/3/16, it was determined that 3 of 5 direct care staff had documentation of achieving only 8 hours of competency training in the past year. Records showed that 5 of 5 staff met mandatory training category expectations, and documentation for 2 of 5 staff met the 12 hour total training requirement. On 2/3/16 at 1:30 PM, the Director of Nursing confirmed that 3 of 5 direct care staff sampled had less than 12 hours of documented competency training in the past year.	R179			
R180 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that 3 of 5 staff sampled, who are expected to perform direct care to residents, participated in at least 12 hours of competency training in the past year. Findings are: 1. During review of training records provided by	R180			

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EXWB11

If continuation sheet 2 of 3

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R180	Continued From page 2 the Director of Nursing on 2/3/16, it was determined that 3 of 5 direct care staff had documented evidence of having achieved only 8 hours of competency training in the past year. On 2/3/16 at 1:30 PM, the Director of Nursing confirmed that 3 of 5 direct care staff sampled had less than 12 hours of competency training documented in the past year.	R180			

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EXWB11

If continuation sheet 3 of 3

Newport Residential Care Center

148 Prouty Drive

Newport VT 05855

802-334-7321

Plan of Correction for survey of Newport Residential Care Center on 2/3/16.

R 179

All staff reviewed during the survey have completed the required 12 hours of training. All other staff records have been reviewed and updated.

An annual schedule of mandatory topics as well as other topics has been posted to let staff when these are to take place.

Individual in-service records will be reviewed quarterly and employees still needing certain trainings will be offered them on an individual basis.

Corrective actions will be completed as of 2/29/16.

R 180

All staff reviewed during the survey have completed the required 12 hours of training. All other staff records have been reviewed and updated.

An annual schedule of mandatory topics as well as other topics has been posted to let staff when these are to take place.

Individual In-service records will be reviewed quarterly and employees still needing certain trainings will be offered them on an individual basis.

Corrective actions will be completed as of 2/29/16.